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d. FULL NAME OF cit so the books of the post has been statisticated. Ever street address or location of the control of the con	b. CITY (If outside cor		URAL and give   C. LENGTH OF	c. CITY (If outside corp	porate limits, write RURAL and give tow	
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3-13-5 Have 1 (N ) - W 2504-Woodgon Rd-Overland-14-M				25. AUMERAL DIRECT	TOR'S SIGNATURE, A	DDRESS
	3-23-585.	Haske ?	1 R. Dunk-M	2501-Wooder	n Rd-Overland-1/1-1	M

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse	side of this c	ertificate v	vas embaln	ed by me	or by M	l	
**************************************							
working under my personal supervision.	0	<b>a</b> 1	J	04.	DÒ	٠. ٨	

Licensed Embalmer No. 3039

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.